Department of Career Education Arkansas Rehabilitation Services Policy Manual Markup

LEGAL NOTICE

Arkansas Rehabilitation Services (ARS) division of the Department of Career Education is informing the public that the proposed changes to the Arkansas Rehabilitation Services Policy and Procedure Manual will be available for review and input. The public comment period will begin on June 23, 2010 at 8:00 a.m. and ends July 22, 2010 at 3:00 p.m. A public hearing will be held Tuesday, July 13, 2010 from 11:00 a.m. – 1:00 p.m. at ARS Central Office Conference Room 210, 525 W. Capitol, Little Rock, AR. Copies of the Manual changes are available at the local Arkansas Rehabilitation Services offices, Central Office and at www.arsinfo.org. All interested parties are invited to provide input on these manual changes by sending comments to the ARS PPD&E, ATTN: Policy Committee, PO Box 3781, Little Rock, AR 72203 or call 501-296-1620. If you are in need of accommodations or accessible format to provide input call 501-296-1620.

<u>QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS</u> WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY: Department of Career Education

DIVISION: Arkansas Rehabilitation Services

DIVISION DIRECTOR: Robert P. Treviño, Commissioner

CONTACT PERSON: Randy Parker, Director of PPD&E or Dale Turrentine, Director of CDPS

ADDRESS: P.O. Box 3781, Little Rock, AR 72203

PHONE NO.: 501.296.1640 or 501-296-1620 FAX NO.: 501.296.1687

E-MAIL: pale.Turrentine@arkansas.gov EMAIL: Dale.Turrentine@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING: Randy Parker

PRESENTER E-MAIL: randy.parker@arkansas.gov

INSTRUCTIONS

A. Please make copies of this form for future use.

B. Please answer each question <u>completely</u> using layman terms. You may use additional sheets, if necessary.

C. If you have a method of indexing your rules, please give the proposed citation after "Short

Title of this Rule" below.

D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule? Arkansas Rehabilitation Services Policy and Procedure Manual Revisions

2. What is the subject of the proposed rule? The subject of the proposed rule is changes to the operational policy and procedure related to providing vocational rehabilitation services, independent living services and other related services to individuals with disabilities, so they have an opportunity to work, lead productive, and live independently.

an opportunity to work, lead productive, and live independently.

Is this rule required to comply with a federal statute, rule, or regulation? Yes X No

If yes, please provide the federal rule, regulation, and/or statute citation.

Rehabilitation Act Amendments of 1998 - 29 U.S.C. § 701 et. seq.

Workforce Investment Act of 1998 - 20 U.S.C. § 9201 et. seq.

| 4. | Was this rule filed under the emergency provisions of the Administrative Procedure Act? YesNo_X | | | |
|----|---|--|--|--|
| | If yes, what is the effective date of the emergency rule? | | | |
| | When does the emergency rule expire? | | | |

| | Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? YesNo_X | | |
|-----|---|--|--|
| 5. | Is this a new rule? Yes No X If yes, please provide a brief summary explaining the regulation. | | |
| | Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. | | |
| | Is this an amendment to an existing rule? Yes X No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up." | | |
| 6. | Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation. Arkansas Code Annotated § 25-30-201, Rehabilitation Act of Arkansas | | |
| 7. | What is the purpose of this proposed rule? Why is it necessary? The purpose is to update the rule based on federal regulations. The purpose is to update the rule based on federal regulations and agency changes. | | |
| 8. | Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.arsinfo.org | | |
| 9. | Will a public hearing be held on this proposed rule? Yes X No If yes, please complete the following: Date: July 13th Time: 11:00 am to 1:00pm Place: Arkansas Rehabilitation Services, 525 W Capitol, Conference Room 210, Little Rock, AR 72201 | | |
| 10. | When does the public comment period expire for permanent promulgation? (Must provide a date.) <u>July 22, 2010</u> | | |
| 11. | What is the proposed effective date of this proposed rule? (Must provide a date.) October 1, 2010 | | |
| 12. | Do you expect this rule to be controversial? Yes NoX If yes, please explain. | | |
| 13. | Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known. | | |
| | Disability Rights Center – Unknown For - Rehabilitation Council, AR Independent Living Council, AR Independent Living Centers, AR | | |

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

| | ARTMENT: Department of Career Education ISION: Arkansas Rehabilitation Service Division | | | |
|-------|--|--|--|--|
| PER | SON COMPLETING THIS STATEMENT: | Javia M. Walkor Evada Cantual | | |
| TEL | EPHONE NO.: <u>501,296.1614</u> FAX NO.: <u>501.2</u> | 96.1681 EMAIL: lmwalker@arkansas.gov | | |
| To co | • | the following Financial Impact Statement and file tw | | |
| | PRT TITLE OF THIS RULE nsas Rehabilitation Services Policy and Procedu | ıre Manual Revisions. | | |
| 1. | Does this proposed, amended, or repealed rule have a financial impact? Yes X No | | | |
| 2. | Does this proposed, amended, or repealed ru | le affect small businesses? | | |
| | Yes No X | mnact statement required to be filed with the | | |
| 3. | If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain. | | | |
| 4. | If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program. | | | |
| | Current Fiscal Year | Next Fiscal Year | | |
| | General Revenue \$ 9,800,000 | General Revenue \$ 9,800,000 | | |
| | Federal Funds \$33,649,209 | Federal Funds \$34,658,685 | | |
| | Cash Funds \$ 2,018,800 | Cash Funds \$2,079,364 | | |
| | Special Revenue 0 | Special Revenue0 | | |
| | Other (Identify) 0 | Other Identify)0 | | |
| | Total \$45,468,009 | Total \$46,538,049 | | |
| 5. | What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected. | | | |
| | Current Fiscal Year | Next Fiscal Year | | |
| | \$_0 | \$ | | |
| | The rule does not impose any financial liability cost to any employee or loan provider affected | ty on any vendor or the general public. There is no d by the rule. | | |
| 6. | What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain. | | | |
| | Current Fiscal Year | Next Fiscal Year | | |
| | \$45,468,009 | \$46,538,049 | | |